

Treatment Protocol: ENT / DENTAL EMERGENCIES

Ref. No. 1226-P

- 1. Assess airway and initiate basic and/or advanced airway maneuvers prn (MCG 1302)
- 2. Administer **Oxygen** prn (MCG 1302)
- 3. Assess for signs of trauma
 If traumatic injury suspected, treat in conjunction with TP 1244-P, Traumatic Injury
- 4. Control bleeding with direct pressure 1
- 5. For epistaxis:

Control bleeding by pinching nose just distal to nasal bone with head in neutral position and patient sitting forward 2

Document Provider Impression – Epistaxis

6. For tooth avulsion:

Handle it by the enamel (crown) and do not touch the root Place in container with **Normal Saline**

- 7. For complaints of throat irritation and/or foreign body sensation:
 Assess for airway obstruction, if present treat per *TP 1234, Airway Obstruction*For throat complaints without airway obstruction, document Provider Impression *ENT/Dental Emergencies*
- 8. Establish vascular access prn (MCG 1375)
- 9. For pain management: (MCG 1345)

Fentanyl (50mcg/mL) 1mcg/kg slow IV push or IM, dose per MCG 1309 or Fentanyl (50mcg/mL) 1.5mcg/kg IN, dose per MCG 1309
Repeat in 5 min prn x1, maximum 2 total doses prior to Base contact
Morphine (4mg/mL) 0.1mg/kg slow IV push or IM, dose per MCG 1309
Repeat in 5 min prn x1, maximum 2 total doses prior to Base contact

CONTACT BASE for additional pain management after maximum dose administered: May repeat Fentanyl or Morphine as above maximum 4 total doses

10. For nausea or vomiting in patients ≥ 4 years old: Ondansetron 4mg ODT

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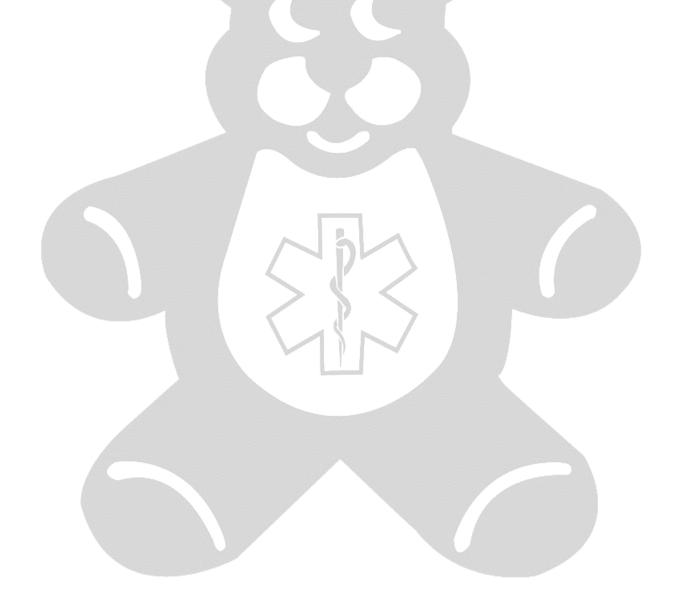


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SPECIAL CONSIDERATIONS

- 1 If unable to sit upright due to poor perfusion or concerns for trauma with possible thoracic or lumbar spinal injury, consider log rolling on side to prevent airway compromise.
- 2 To prevent aspiration and for patient comfort, sit patient in high Fowler's position leaning forward and suction prn.



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